

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26481**

FILED AUG 22 1950

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **97**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (in this place) 27 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Kennett, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Premell Hospital			d. STREET ADDRESS (If rural, give location) % Premell Hospital		
3. NAME OF DECEASED (Type or Print) a. (First) Jim b. (Middle) = c. (Last) Nicks			4. DATE OF DEATH (Month) (Day) (Year) Aug 1 - 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 20 - 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Office Nicks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James J. Nicks Kennett, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc.* It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial heart disease				INTERVAL BETWEEN ONSET AND DEATH 7222
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 9, 1950, to Aug 1, 1950 , that I last saw the deceased alive on Aug 1, 1950 , and that death occurred at 4:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. C. Wilson (Degree or title) M.D.		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 8-5-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 6 - 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cem	24d. LOCATION (City, town, or county) (State) Kennett, Mo.		
DATE REC'D BY LOCAL REG. 8-5-1950	REGISTRAR'S SIGNATURE Carl Thushard	25. FUNERAL DIRECTOR'S SIGNATURE Lutz Service Kennett, Mo. ADDRESS _____			

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT8-7-50.....

COUNTY FILE NUMBER 850-232

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Walter C. Hawker*

Licensed Embalmer No. *2002*

P. O. Address *Hennelms*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.